



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

MORTGAGE BROKER LICENSE RENEWAL APPLICATION

Mailing Address

P.O. Box 5757
Columbia, SC 29250-5757

S.C. Code Ann. § 40-58-10 through -110 (Supp. 2004)

www.sccconsumer.gov

803-734-4236/800-922-1594

Street Address

3600 Forest Drive, 3rd Floor
Columbia, SC 29204-4406

See Renewal Instructions to complete this form. Please Type or Print Legibly

DO NOT FAX THIS FORM

Full Company Name: _____ Federal Tax ID No. _____
(If you are a sole proprietor and have no employees disregard)
d/b/a _____ File by September 30
Mailing Address: _____
Street Address, City, State and Zip
Physical Address: _____
Street Address, City, State and Zip
Telephone: _____ Fax: _____
E-Mail Address: _____

Note: If the company is not renewing its mortgage broker license, please notify the Department in writing by September 30

1. _____ Total number of South Carolina physical locations, this includes all branches and satellites. Fully complete a Supplemental Form B1 for the main (even if out of state) and all South Carolina Branch locations. An additional \$150 renewal fee is required for each South Carolina branch location.
2. _____ Total number of South Carolina **SATELLITE** offices. Fully complete a Supplemental Form B2 for each satellite office. A \$150 fee is required for renewal of each satellite location.
Total Fees \$ _____ = \$550 (Renewal Fee) + (Number of satellite and branch locations _____ X \$150) + (Number of owners requiring criminal records check _____ X \$25) + late fees, if applicable, \$250 if application filed after September 30 and \$100 if continuing education is not completed by September 30. late fees, if applicable
3. I certify evidence of financial responsibility (**Check One**) (bond ☐ letter of credit ☐) is in effect as of the date of my signature on this application. The expiration date of the bond/letter of credit is _____ (bond expiration means your required renewal date)
4. Current Business Type: ☐ Sole proprietorship ☐ Partnership ☐ Limited liability company (LLC) ☐ Corporation
Is Current Business Type above a change from previous filing(s)? (**Check One**) **YES** ☐ (See #8 or note that follows) **NO** ☐
5. If current business type is a corporation or limited liability company (LLC), list all officers, their ownership interest and whether they actively participate in the broker business. If the business is a partnership, list all partners and their ownership interest. (See S.C. Code Ann. §§ 40-58-50, -67.) Also, complete a Supplemental Form C to update the company's Agent for Service of Process.

Name	Ownership Interest	Actively Participates

6. List the name, title, and office telephone number of the contact person for the business: _____
7. *On the appropriate Supplemental Form A list the name and relationship to the business of all owners, partners, members, corporate officers and employees other than originators. If applicable, an original Supplemental Form A must be completed for all owners, partners, members, corporate officers and/or employees other than originators. Originators are separately licensed and do not require a Supplemental Form A. (***Applicable only if there have been changes.**)
8. If answer is **Yes** to #4 above and you are now a sole proprietorship or partnership, each owner and partner must complete the Birth date and Social Security Number information, below.

Name	Birth date	Social Security Number

9. Continuing Professional Education (CPE) This information needs to be completed for each person who is required to earn CPE hours for the broker business (See S.C. Code Ann. § 40-58-67.) Attach an additional page if necessary.

Student Name & Title with Company	Course Title	Course Provider & Location (Hotel Name, City & State)	Date & Time	CPE Hours

10. I swear or affirm and certify that I have completed and/or reviewed all information in this application and that all information contained herein and in all addending or supplemental forms is true, current and accurate. I further certify that giving false information in this application or any addending or supplemental forms constitutes cause for denial or revocation of my application or license and subjects me to criminal prosecution for perjury. **I acknowledge that I have a duty and agree to update and correct this information as it changes.**

SWORN TO AND SUBSCRIBED before me
this _____ day of _____, 20____

Signature of person completing form

Notary Public For _____

My Commission Expires: _____

Print Name, Business Relationship or Title _____

For Department Use Only

Date materials received _____ Filing material reviewed by _____ Date _____

☒ Meets requirements ☐ Does not meet requirements ☐ Pending

- 1. Application complete for License.

 - 2. Supplemental Form A (Owner/Employee Information)
Review file, list missing employees _____

 - 3. Valid evidence of financial responsibility. Bond or Letter of Credit. Expires:_____

 - 4. Broker Fee Agreement for Financial Services

 - 5. Licensing Fee: \$550 + ____ No. of branch or satellite locations x \$150 _____ = \$ _____
____ No. of owners requiring criminal records checks _____ = \$ _____

____\$100 late CPE fee + ____\$250 late renewal fee = _____ total late fees

_____ Total Fees

 - 6. Continuing Professional Education:

Name/Title	CPE Hours

7. Other, Please list _____
Comments: _____
